United States House of Representatives

Subcommittee on Technology, Information Policy, Intergovernmental Relations and the Census.

July 14, 2004
2:00 P.M.

Testimony of:

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"Information Sharing and Emergency Response: The Hospital"

Representing:

The Florida Hospital Association
and
Jackson Memorial Hospital
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Summary: Dr. Richard Weisman is a Co-Director of the Hospital Terrorism Response Program at Jackson Memorial Medical Center, Miami, Florida. Dr. Weisman is also the Director of the Florida Poison Information Center – Miami, and a Research Associate Professor of Pediatrics at the University of Miami School of Medicine and Jackson Memorial Medical Center. Dr. Weisman will be testifying about his experiences during anthrax attacks of 2001 and will describe the communication barriers that exist at our hospitals.

Federal Grants:

CFDA: 93-253-01 Poison Center Stabilization & Enhancement, 2001 $261,491.00
CFDA: 93-253-02 Poison Center Stabilization & Enhancement, 2002 $280,169.00
CFDA: 93-253-03 Poison Center Stabilization & Enhancement, 2003 $298,847.00

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Mr. Chairman and Members of the Subcommittee: My name is Dr. Richard S. Weisman. I am the Director of both the Hospital Terrorism Response Program at Jackson Memorial Medical Center and the Florida Poison Information Center in Miami. Jackson Memorial Hospital is the largest public hospital and a safety net in Florida. With over 1500 beds, Jackson Memorial provides the highest level of care to an inner-city, culturally diverse population. The Florida Poison Information Center – Miami provides service to a population of 5 million people and has 63 hospitals within its region. Jackson Memorial Hospital is the largest hospital within the Poison Center's region.

I would like to describe the experience we had at the epicenter of the anthrax attack in Florida and to highlight the problems that could be prevented with enhanced information technologies at our nation's hospitals and poison control centers.

On the morning of Thursday, October 4, 2001, Steven Wiersma, MD the Florida State Epidemiologist released to the public, that the State Laboratory had confirmed that a patient (Robert Stevens) at JFK Hospital in Palm Beach County, had inhalation anthrax. This was followed by a press conference in which the Florida Commissioner of Health and the State Epidemiologist announced that the public should not be concerned, anthrax is a naturally occurring disease and that this was not terrorism.

It is important to set the stage of the public's mind-set on this date. Most notably, it was occurring in the shadow of 9-11-2001 where virtually every television and radio station was still in a 24-hour/day – post 9/11 frenzy. What may not have been evident to the rest of the country is that the Infectious Disease Physician (Larry Bush, MD) at JFK made the diagnosis because that week the local news had reported that two of the 9/11 hijackers had attempted to rent a crop-duster at the nearby Lantana Airport. When the inhalation anthrax story went front page, the media immediately concluded that it was terrorism and supported their hypothesis with CDC data that there were only 18 inhalation cases in the past 100 years, the last being in 1978. It was too coincidental in the wake of the Lantana Airport story. The Health Commissioner kept insisting that this was an isolated occurrence of a rare disease until four days later when the second case was identified in South Florida. The public became very confused, angry and lost confidence in our Government's response to the crisis.

I first learned about the anthrax case in the Emergency Department of Jackson Memorial when a patient who had been watching the Press Conference on the television in the waiting room, asked what I thought about anthrax. I thought he was talking about the 90's Rock Group. In the Emergency Department, we are very disconnected from the world and need a new way of being kept up-to-date while actively seeing patients. Most emergency departments in the United States have telephones, fax machines to receive electrocardiograms from paramedics in the field, and a computer terminal securely linked to the Hospital's Electronic Medical Record System. Most do not allow outside access to either e-mail or the internet to safeguard the security of patient's medical records.

On Friday, October 5, 2001, the poison center received about 300 calls related to anthrax. Approximately 50 were from co-workers at the American Media International (AMI) building who had direct contact with Mr. Stevens, half were from emergency department physicians in search of recommendations for patients requesting prescriptions for "cipro", and the remainder was from the media in search of additional information about anthrax. Thirty-six hours after the initial press conference, the poison center received a fact sheet from the CDC discussing anthrax and providing much needed guidelines to treat only people that had been in the AMI building for at least one hour, within the last three months. Not knowing if this valuable fact sheet was going to get to the emergency room physicians, we faxed the document to every emergency department. We subsequently learned that only half of the hospitals ever received the Fact Sheet from the CDC and about 10% never received the copy we faxed to the ER.

On Monday, October 7, 2001 all hell broke loose. The Emergency Department at Jackson Memorial saw an additional 65 patients with concerns about anthrax exposures. Many hospitals in the area also had an increase census. The poison center went from receiving less than 300 calls/day to receiving over 300 calls/hour. The actual number of calls that the Florida Poison Information Center – Miami received can only be estimated. Our automatic call distribution (ACD) system indicated that we had exceeded 4,000 calls per day. That morning the Poison Center abandoned recording cases into the computer call tracking system because the telephone system was completely overwhelmed and routine poisoning calls were unable to get through. An additional 4 poison information specialists were brought in and all of the rotating medical students, pharmacy students, and medical residents were asked to help with the telephones.

When an additional staff person arrived with a newspaper, we learned for the first time what happened. The headlines stated that anthrax spores had been found by CDC in the AMI Building. Later that day, information was released that spores had also been found in a nasal swab of another AMI worker. Rumor also began to circulate that a second patient, also from AMI, was being investigated as a second victim in a Miami hospital. By day's end, he was identified as Mr. Ernesto Blanco, he was at Cedars Medical Center in Miami, and he was Mr. Stevens' boss in the mailroom at AMI. They had received a threatening letter containing a white powder. The media was now announcing that this was another terrorism attack and that anthrax had been sent through the mail. Before it was over, hazardous materials response units investigated nearly 15,000 suspicious white powder episodes.

The call volume at the poison center and the patient volume in the emergency departments continued to be out-of-control for about 7 days, finally returning to near normal on October 14th. The contacts were primarily occurring during the hours of 8am to 9pm. On October 13th, the Florida Department of Health began to refer all calls to the State's three Poison Centers during the evening hours and on weekends. The normality was short-lived. On about October 16th letters arrived at CBS, ABC and the New York Post in New York, and the Hart Senate Office Building in Washington. The high profile exposures stood in stark contrast to the deaths and illnesses of the less known postal

workers. Anthrax was killing the common man. The barrage of calls would continue through October to just before Thanksgiving. The calls now began to be mixed with inquiries about adverse reactions that were occurring with high frequency among the 5,000 plus that were now taking CIPRO for 60-100 days.

We have a remarkable opportunity to improve patient care through improved communication strategies and e-technology. An investment at the level of health care delivery will allow us to be better prepared for an array of adverse events such as a SARS outbreak, or any newly emerging infectious disease or a chemical or nuclear event.

1. There needs to be a secure means of communicating the most accurate and up-to-date information to our hospitals, emergency departments, poison centers, pre-hospital care providers, private physician's offices and health departments. At present, there is no effective means of getting life saving technical information to our nation's front line care providers.
2. Hospitals, Poison Centers, Emergency Medical Services and Health Departments in areas of the U.S. considered to be at risk for terrorism, must be provided the resources to be able to manage a surge of affected patients. Information technologies will allow us to provide optimal care and to utilize our scarce resources most effectively. However, if our large inner-city hospitals are at 105% occupancy and there are patients waiting in the emergency department, our response to a catastrophe may be less than optimal.
3. The Federal Government must make immediately available to the media, knowledgeable and informed experts. We witnessed expert opinions on anthrax from retired microbiologists who were honored to give their uninformed opinion, and add to the confusion and hysteria.
4. A media campaign needs to occur in advance of the next crisis to educate people about the investigation of a disease outbreak or terrorism event. They need to understand that event investigation takes time. The information available during the first few days may be incomplete or inaccurate.